

## OKLAHOMA STATE DEPARTMENT OF HEALTH (340)

**Lead Administrator:** Terry Cline, Ph.D.  
 Secretary of Health and Human Services and Commissioner of Health

FY'17 Projected Division/Program Funding By Source						
	Appropriations	Federal	Revolving	Local	Other*	Total
Public Health Infrastructure	\$3,000,000	\$16,466,569	\$5,169,802			\$24,636,371
Office of State Epidemiology	\$4,491,659	\$46,643,111	\$5,467,679			\$56,602,449
Community and Family Health	\$33,160,464	\$140,878,535	\$4,447,568	\$35,237,921		\$213,724,488
Protective Health	\$4,527,763	\$22,390,249	\$41,494,764			\$68,412,776
Health Improvement	\$8,342,154	\$12,753,617	\$11,729,028			\$32,824,799
Athletic Commission	\$181,350	\$0	\$305,912			\$487,262
Information Technology	\$0	\$0	\$9,000,000			\$9,000,000
<b>Total</b>	<b>\$53,703,390</b>	<b>\$239,132,081</b>	<b>\$77,614,753</b>	<b>\$35,237,921</b>	<b>\$0</b>	<b>\$405,688,145</b>

\*Source of "Other" and % of "Other" total for each.

FY'16 Carryover and Refund by Funding Source					
	Appropriations	Federal	Revolving	Local	Other*
FY'16 Carryover					
FY'16 GR Refund**	\$1,564,290				\$1,564,290

\*Source of "Other" and % of "Other" total for each.

\*\*Indicate how the FY'16 General Revenue refund was budgeted  
 The refund was budgeted in Community and Family Health Service to pay for personnel costs and contractual obligations.

What Changes did the Agency Make between FY'16 and FY'17?					
1.) Are there any services no longer provided because of budget cuts?					
The OSDH received a 4.00% state budget reduction for SFY16					
2.) What services are provided at a higher cost to the user?					
None					
3.) What services are still provided but with a slower response rate?					
None					
4.) Did the agency provide any pay raises that were not legislatively/statutorily required? If so, please provide a detailed description in a separate document.					

FY'18 Requested Division/Program Funding By Source						
	Appropriations	Federal	Revolving	Other	Total	% Change
Public Health Infrastructure	\$3,000,000	\$16,466,569	\$5,169,802		\$24,636,371	0.00%
Office of State Epidemiology	\$4,491,659	\$46,643,111	\$5,467,679		\$56,602,449	0.00%
Community and Family Health	\$33,160,464	\$140,878,535	\$39,685,489		\$213,724,488	0.00%
Protective Health	\$4,527,763	\$22,390,249	\$41,494,764		\$68,412,776	0.00%
Health Improvement	\$8,342,154	\$12,753,617	\$11,729,028		\$32,824,799	0.00%
Athletic Commission	\$181,350	\$0	\$305,912		\$487,262	0.00%
Information Technology	\$0	\$0	\$9,000,000		\$9,000,000	0.00%
<b>Total</b>	<b>\$53,703,390</b>	<b>\$239,132,081</b>	<b>\$112,852,674</b>	<b>\$0</b>	<b>\$405,688,145</b>	<b>0.00%</b>

\*Source of "Other" and % of "Other" total for each.

FY'18 Top Five Appropriation Funding Requests		\$ Amount
Immunization (Vaccine Purchase, Distribution & Administration)		\$1,537,296
Federal Medical Assistance Percentage		\$1,281,368
Child Lead Exposure		\$632,366
Public Health Laboratory		\$632,040
Infectious Disease		\$602,642
<b>Total Increase above FY-18 Request</b>		<b>4,685,712</b>

How would the agency handle a 5% appropriation reduction in FY'18?	
\$ Amount	Description
\$10,000	Oklahoma State Athletic Commission: This would reduce the number of inspectors trained for events scheduled in SFY-18
\$2,314,586	A 5% reduction in appropriation to the department would require a reduction of services. Based on the OSDH business plan and agency priorities, the department would be required to eliminate of the state funds to Federally Qualified Health Centers for uncompensated care associated with the delivery of primary, dental, and behavioral health care to uninsured patients. This approach minimize the impact on the mandated public health programs (like emergency preparedness and infectious disease control) and maintain OHIP priorities that are necessary to improve health outcomes and prevent disease, specially tobacco, obesity and Children's Health programs.
\$360,584	Oklahoma Based Child Abuse Prevention: Approximately 159 families would not be served and approximately 13 Parents as Teachers (PAT) positions within the community non-profits would no longer be funded. In order to determine which programs would be eliminated, contractors will be rated and ranked by the number of home visits made and number of families served.
<b>\$2,685,170</b>	<b>Total Reduction of Expenditures</b>

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How would the agency handle a 7.5% appropriation reduction in FY'18?	
\$ Amount	Description
\$15,000	Oklahoma State Athletic Commission: This would reduce the number of inspectors trained for events scheduled in SFY-18
\$2,314,586	A 7.5% reduction in appropriation to the department would require a reduction of services. Based on the OSDH business plan and agency priorities, the department would be required to eliminate of the state funds to Federally Qualified Health Centers for uncompensated care associated with the delivery of primary, dental, and behavioral health care to uninsured patients. This approach minimize the impact on the mandated public health programs (like emergency preparedness and infectious disease control) and maintain OHIP priorities that are necessary to improve health outcomes and prevent disease, specially tobacco, obesity and Children's Health programs.
\$1,698,168	Oklahoma Based Child Abuse Prevention: Approximately 319 families would not be served and approximately 26 Parent as Teachers (PAT) positions within the community non-profits would no longer be funded. In order to determine which programs would be eliminated, contractors will be rated and ranked by the number of home visits made and number of families served.
<b>\$4,027,754</b>	<b>Total Reduction of Expenditures</b>

How would the agency handle a 10% appropriation reduction in FY'18?	
\$ Amount	Description
\$20,000	Oklahoma State Athletic Commission: This would reduce the number of inspectors trained for events scheduled in SFY-18
\$2,314,586	A 10% reduction in appropriation to the department would require a reduction of services. Based on the OSDH business plan and agency priorities, the department would be required to eliminate of the state funds to Federally Qualified Health Centers for uncompensated care associated with the delivery of primary, dental, and behavioral health care to uninsured patients. This approach minimize the impact on the mandated public health programs (like emergency preparedness and infectious disease control) and maintain OHIP priorities that are necessary to improve health outcomes and prevent disease, specially tobacco, obesity and Children's Health programs.
\$2,317,635	Oklahoma Based Child Abuse Prevention: Approximately 637 families would not be served and all 52 Parent as Teachers (PAT) positions within the community non-profit would no longer be funded. This would impact all 13 regional contractors.
\$718,118	ParentPro: Represent a loss of approximately 35% of Parent as Teachers (PAT) funding for four rural county health departments: Bryan, Creek, Jackson and Pittsburg. With this reduction approximately 112 families would not be served and approximately 8 positions within the community health departments would no longer be funded.
<b>\$5,370,339</b>	<b>Total Reduction of Expenditures</b>

Is the agency seeking any fee increases for FY'18?	
Yes	\$ Amount
Increase 1 Please see attached	\$0
Increase 2	\$0
Increase 3	\$0

What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?	
Public Health Laboratory Total Construction Bond	\$50,100,000

Federal Government Impact	
<b>1.) How much federal money received by the agency is tied to a mandate by the Federal Government?</b>	
The department receives approximately 59% of the overall budget from federal sources. Those monies come with certain expectations or obligations of performance but do not necessarily constitute "mandates". In some instances, the federal monies are used to support mandates where appropriated monies or fees cannot sustain programmatic efforts such as infectious disease programs.	

**2.) Are any of those funds inadequate to pay for the federal mandate?**

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As mentioned above, a considerable portion of federal monies received by the department are utilized to support state level mandates

### 3.) What would the consequences be of ending all of the federal funded programs for your agency?

Discontinuation of federal programs and funding would significantly impact public health systems and service delivery. Most federally funded programs serve statewide initiatives and impact the entire citizenry. Those programs include but are not limited to focus on the following public health issues; All Hazards Preparedness, Communicable Disease Prevention and Control, Maternal and Child Health Services, Nursing Home and Health Facility Inspection and Regulation as well as many others. The discontinuance of such services could dramatically impact health status in Oklahoma, leave our citizens vulnerable to outbreaks of disease and virtually eliminate the capability of a coordinated health and medical response in an emergency. Further, the elimination of these federal programs would result in the loss of jobs within and outside the department due to necessary reductions in personnel and elimination of contractual services currently provided. At present, approximately 50% of the department staff are funded on federal funding sources.

### 4.) How will your agency be affected by federal budget cuts in the coming fiscal year?

OSDH experienced recent federal funding cuts in the Hospital Preparedness Program (HPP). As part of the HPP, 90% must be awarded directly to hospitals and EMS services. This reduction will impact the state's ability to train, test, and replenish emergency medical supplies and stockpiles.

### 5.) Has the agency requested any additional federal earmarks or increases?

The agency has not requested any federal earmarks. However, approximately, 59% of the department's funding is awarded through 77 separate federal revenue streams. The level of funding for each program is tied directly to the federal funding level as well as the federal guidance documents. The department continues efforts to identify all available funding opportunities that align with core public health functions, the agency's business plan and the Oklahoma Health Improvement Plan.

Division and Program Descriptions						
<b>Public Health Imperatives</b>						
Protect the health/safety of the citizenry against infectious, occupational and environmental hazards; ensure adequate health/medical emergency/response; and offer protection to vulnerable persons against exposure to severe harm						
<b>Priority Public Health - Improvement of Health Outcomes</b>						
Health promotion and interventions aimed at reducing poor health outcomes and excess death in Oklahoma						
<b>Prevention Services and Wellness Promotion</b>						
These services are characterized by public health programs that prevent adverse health conditions and consequences and/or promote health and wellness						
<b>Access to Competent Personal, Consumer and Healthcare Services</b>						
These services may include the training and education of public health and/or private medical providers, linking individuals to healthcare services or the provision of healthcare services when otherwise unavailable						
<b>Science and Research</b>						
Services that seek to research public health problems & interventions for effectiveness; improve the practice of public health; and enhance the body of public health research through scientific publication and presentation						
<b>Public Health Infrastructure</b>						
The public health infrastructure exists to support specific imperative, priority and other public health programs. These include infrastructure costs associated with providing a statewide public health presence						

FY'17 Budgeted FTE						
	Supervisors	Classified	Unclassified	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$\$\$
Public Health Infrastructure	0	50	55	78	82	25
Office of State Epidemiology	0	36	64	26	100	20
Community and Family Health	0	297	319	537	812	89
Protective Health	0	68	92	86	186	29
Health Improvement	0	27	97	21	71	22
<b>Total</b>	<b>0</b>	<b>478</b>	<b>627</b>	<b>748</b>	<b>1251</b>	<b>185</b>

FTE History					
	2017 Budgeted	2016	2013	2010	2006
Public Health Infrastructure	138	136	149	305	N/A
Office of State Epidemiology	150	221	207	220	N/A
Community and Family Health	1454	1408	1318	1207	N/A
Protective Health	259	244	246	231	N/A
Health Improvement	171	147	117	210	N/A
Athletic Commission	2	2	0	0	N/A
<b>Total</b>	<b>2174</b>	<b>2156</b>	<b>2037</b>	<b>2173</b>	<b>0</b>

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All Hazards Preparedness	Performance Measure Review				
	FY'16	FY'15	FY'14	FY'13	FY'12
Improve state score on National Health Security Preparedness Index by 0.5%	**6.5%	7.6%	8.3%	7.3%	N/A
<b>Improve Infectious Disease Control</b>					
Incidence of tuberculosis, pertussis, hepatitis A and indigenously-acquired measles cases per 100,000. <i>Previous years data in this document are for the measure as stated. FY 2016 data is for the new measure:</i> Average number of reported Tuberculosis, Pertussis and Salmonella cases per 100,00 population.	**27.2	5.60%	6.86%	8.80%	6.80%
Incidence of Reported Acute Hepatitis B Cases per 100,000 Oklahoma Population:	1.00%	1.98%	1.47%	1.03%	2.1%
Percent of immediately notifiable reports in which investigation is initiated by ADS within 15 minutes.	95%	100%	95%	98%	95%
<b>Improve Mandates Compliance</b>					
Percent of State Mandated Non-Compliant Activities Meeting Inspection Frequency Mandates (IFMs)	100.0%	100.0%	93.0%	86.0%	92.3%
Percent of State Mandated Complaint Activities Meeting Inspection Frequency Mandates (IFMs)	100.0%	95.0%	91.0%	80.0%	23.1%
Percent of Contracted Non-Complaint Activities Meeting Inspection Frequency Mandates (IFMs)	100.0%	100.0%	88.0%	86.0%	86.0%
Percent of Contracted Complaint Activities Meeting Inspection Frequency Mandates (IFMs)	99.2%	100.0%	100.0%	100.0%	80.0%
<b>Improve Children's Health</b>					
Percent of Pregnant Women Receiving Adequate Prenatal Care as Define by Kotelchuck's APNCU Index	72.1%	73% / 70.1	72% / 70.5	71.6% / 70.0%	

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Rate of Infant Deaths per 1,000 Live Births. Note from Joyce Marshall: Please note that the Infant Mortality Rate (IMR) is a rate per 1000 live births and not percentage and that we included both annual and three-year data for the IMR. The three-year moving average IMR is the current standard and the one we are reporting publicly.	7.3	6.8 / 8.1	8.1 / 6.8	6.8 / 7.5	
Percent of Infants Born to Pregnant Women Receiving Prenatal Care in the First Trimester	70.2%	68.5%	68.6%	68.5%	
Rate of Pre-Term Births	10.3%	12.4% / 10.3	12.6% / 10.5	12.8% / 10.8	

### Improve Disease and Injury Prevention

Percent of children 19-35 months old immunized with 4:3:1:3:3:1 This measure changed and FY 2016 data is for the new schedule - 4:3:1:3:3:1:4	73.3%	64.8%	70.8%	62.7%	61.0%
Decrease the Number of Preventable Hospitalizations for Medicare Enrollees (per 1,000)	62.6	76.9	78.3	76.9	81.0
Number of motor vehicle deaths in infants less than one year of age. Should read: "Number of fatal and nonfatal motor vehicle crash injuries among occupants less than one year of age." per Pam Archer. Numbers in red for previous years are corrected per Pam also.	101	88 / 89	97/ 98	97/ 104	104 /116

### Improve Oklahomans' Wellness

Percent of Oklahoma adults who are obese	33.9%	32.7%	33.0%	32.5%	32.2%
Percent of Oklahoma adults who smoke	22.2%	21.0%	21.1%	23.7%	23.3%
Cardiovascular deaths per 100,000	297.0	259.3	288.5	290.4	284.0
Number of Certified Healthy Communities	78	92	77	72	52
Number of Certified Healthy Schools	683	545	595	523	314

### Improve Infrastructure, Policy, and Resource Support to Achieve

Number of PHAB Accredited Health Departments	2	2	2	2	0
Percent of turnover agency-wide	16.5%	14.8%	11.7%	13.1%	12.9%

Revolving Funds (200 Series Funds)					
	FY'14-16 Avg. Revenues	FY'14-16 Avg. Expenditures	June '16 Balance		
Kidney Health Revolving Fund 202 for Duties	\$ -	\$ -	\$ 575,108		
Genetic Counseling License Revolving Fund 203 for Duties	\$ 8,233.33	\$ 3,966.91	\$ 20,387		
Tobacco Prevention and Cessation Revolving Fund 204 for Duties	\$ 1,130,283.47	\$ 1,079,112.55	\$ 984,957		
Alternatives to Abortion Services Revolving Fund 207 for Duties	\$ -	\$ -	\$ 0		
Public Health Special Revolving Fund 210 for Duties - Available balance necessary to process local payroll for county health department services across the state.	\$ 19,916,515.32	\$ 17,114,106.22	\$ 13,779,152		
Nursing Facility Administrative Penalties Fund 211 for Duties	\$ 41,081.19	\$ -	\$ 333,767		
Home Health Care Revolving Fund 212 for Duties	\$ 234,558.42	\$ 141,000.18	\$ 774,305		
National Background Check Fund 216 for Duties	\$ 1,137,941.95	\$ 542,864.03	\$ 1,358,545		
Civil Monetary Penalty Revolving Fund 220 for Duties - Restricted by CMS see 42 CFR 488.433	\$ 70,026.51	\$ 861,389.06	\$ 1,600,853		
Oklahoma Organ Donor Education Revolving Fund 222 for Duties	\$ 130,031.23	\$ 195,678.17	\$ 143,792		
Breast Cancer Act Revolving Fund 225 for Duties	\$ 17,395.34	\$ 6,823.33	\$ 101,979		
Sports Eye Safety Program Revolving Fund 226 for Duties	\$ 1,441.67	\$ -	\$ 4,996		
Oklahoma Leukemia and Lymphoma Revolving Fund 228 for Duties	\$ 2,214.33	\$ 830.39	\$ 63,439		
Multiple Sclerosis Society Revolving Fund 229 for Duties	\$ 1,720.33	\$ 3,091.49	\$ 97		
Oklahoma Pre Birth Def, Pre Birth & Revolving Fund 233 for Duties	\$ 233.33	\$ 50.00	\$ 1,982		
Oklahoma Lupus Revolving Fund 235 for Duties	\$ 3,510.67	\$ 233.66	\$ 12,368		
Trauma Care Assistance Revolving Fund 236 for Duties	\$ 25,366,604.93	\$ 28,312,504.44	\$ 2,218,954		
Pancreatic Cancer Research License Plate Revolving Fund 242 for Duties	\$ 1,926.67	\$ 98.00	\$ 10,181		
Regional Guidance Centers Revolving Fund 250 for Duties	\$ -	\$ -	\$ 0		
Child Abuse Prevention Revolving Fund 265 for Duties	\$ 53,744.68	\$ 30,850.46	\$ 91,821		
EMP Death Benefit Revolving Fund 267 for Duties	\$ 17,990.50	\$ 1,666.66	\$ 152,157		

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Oklahoma Emergency Response System Stabilization and Improvement Revolving Fund 268 for Duties	\$ 1,163,396.79	\$ 1,481,644.09	\$2,332,531
Dental Loan Repayment Revolving Fund 284 for Duties	\$ 409,642.94	\$ 454,079.03	\$113,797
Oklahoma Insurance Disaster and Emergency Medicine Revolving Fund 285 for Duties	\$ -	\$ 999,171.88	\$0
Children's Hospital - Oklahoma Kids Association Revolving Fund 290 for Duties	\$ -	\$ -	\$860
Oklahoma State Athletics Commission Revolving Fund 295 for Duties	\$ 191,976.09	\$ 237,175.94	\$28,825









Notes from Scott

Sproat: this report shows our scores on the NHSPI that were set prior to the 2015 overall.

recent overhaul of NHSPI by Robt. Woods Johnson and Univ. of Kentucky on the measures which resulted in them throwing out several hundred measures and adjusting the state scores and national average accordingly.

Prior to the overhaul, Oklahoma's score on the measures reviewed was 7.3 (which I listed as the baseline) and the national average

Note from Jan Fox: The

Calendar year 2015 Acute Hepatitis B rate is 1.0%.

The FY vs CY confused me earlier about the rates for hepatitis B. The table lists FY 2015 hepatitis B rate as 1.98%, but that was

Three Year Rolling average  
is now method of calculation

2013-2015	2012-2014	2011-2013	2010-2012	2009-2011
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7.4	7.5	7.2	7.5	7.6
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Changes from      Program area

	Performance Measure Review				
	FY'16	FY'15	FY'14	FY'13	FY'12
<b>Improve Oklahomans' Wellness</b>					
Percent of Oklahoma adults who are obese	33.9%	32.7% <del>33.0%</del>	33.0% <del>32.5%</del>	32.5% <del>32.2%</del>	32.2% <del>31.1%</del>
Percent of Oklahoma adults who smoke	22.2%	21.0% <del>21.1%</del>	21.0% <del>23.7%</del>	23.7% <del>23.3%</del>	23.3% <del>26.1%</del>
Cardiovascular deaths per 100,000	259.3	288.5	290.4	284.0	
Number of Certified Healthy Communities	78	92-77	77-72	72-52	52-43
Number of Certified Healthy Schools	683	545-595	595-523	523-314	314-155

